

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101535519

FILING DATE

18 May 05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/			
2		1				
3		2				
4		①				
5	1					
6	1					
7		①				
8		①				
9		①				
10		①				
11			1			
12				1		
13				1		
14				1		
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16			1			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	8	←	15	←		←
TOTAL CLAIMS	11		18			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						